

INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp_bs_comm_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions.

Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; use	ually this is the owner)			
Name of applicant	Title			
MAX E. HELMAN, D.O.	OWNER			
Name of organization	Telephone number			
	(574) 277-1774			
Address (number and street, city, state, and ZIP code)				
17299 PENCROSS DRIVE, GRANGER, IN 46530				
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by	the applicant)			
Name of applicant	Title			
Name of organization	Telephone number			
	()			
Address (number and street, city, state, and ZIP code)				
3. DESIGN PROFESSIONAL OF RECORD (If applicable)	I !			
Name of design professional	License number			
Name of organization	Telephone number			
Name of organization	/ \			
Address (number and street, city, state, and ZIP code)		· · · · · · · · · · · · · · · · · · ·		
Tradition (named and strong city) state, and an other,				
4. PROJECT IDENTIFICATION		<u> </u>		
Name of project	State project number	County		
RE-INSTALLING PREVIOUSLY INSTALLED PAINT BOOTH PBSD14929FT		ST. JOSEPH		
Address of site (number and street, city, state, and ZIP code)				
1023 EAST JEFFERSON BLVD,, MISHAWAKA, IN 46545				
Type of project				
☐ New ☐ Addition ☐ Alteration ☐ Change of occupancy	☐ Existing			
5. REQUIRED ADDITIONAL INFORMATION				
The following required information has been included with this application (check as applicable):				
A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)				
☑X One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.				
Written documentation showing that the local fire official has received a copy of the variance application.				
Written documentation showing that the local building official has received a copy of the variance application.				
6. VIOLATION INFORMATION Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order?				
Yes (If yes, attach a copy of the Correction Order.) Has a violation been issued?				
☐ Yes (If yes, attach a copy of the Violation and answer the following.) ☑ No				
Violation issued by:				
☐ Local Building Department ☐ State Fire and Building Code Enforcement Section	Local Fire Depa	artment		

7. DESCRIPTION OF REQUESTED VARIANCE			
Name of code or standard and edition involved	Specific code section		
2014 INDIANA FIRE CODE COMPRISED OF 2012 INTERNATIONAL FIRE CODE		2404.4 (SEE ATTACHED)	
Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.) A PARTIALLY INSTALLED PAINT BOOTH AT 1005 EAST JEFFERSON BLVD., MISHAWAKA, IN WAS MOVED AND FINISHED AT 1017 EAST JEFERSON BLVD., MISHAWAKA, IN 46545. THE PAINT BOOTH HAD PREVIOUSLY BEEN APPROVED FOR INSTALLATION 3 YEARS AGO, NO CHANGES IN THE PAINT BOOTH WERE MADE.			
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND W. Select one of the following statements:	ELFARE WILL BE PROTECTED		
Non-compliance with the rule will not be adverse to the public health, safety or welfare; or			
Applicant will undertake alternative actions in fieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).			
Facts demonstrating that the above selected statement is true: THE CHIMNEY AND PLENUM ARE EXISTING AT 1017 EAST JEFFERSON BLVD., MISHAWAKA, IN. 1017 EAST JEFFERSON BLVD., MISHAWAKA, IN IS A FIREPROOF BLOCK BUILDING WITH A STEEL ROOF. FIRE EXTINGUISHERS ARE AVAILABLE PURSUANT TO INTERNATIONAL FIRE CODE 2004.4.1.			
·			
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE			
Select at least one of the following statements:			
Imposition of the rule would result in an undue hardship (<i>unusuel difficulty</i>) because of physical limitations of the construction site or its utility services.			
Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.			
Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.			
Imposition of the rule would prevent the preservation of an archite	tecturally or a historically significant part of the	ne building or structure.	
Facilis demonstrating that the above selected statement is true: 1017 EAST JEFFERSON BLVD., MISHAWAKA, IN WAS VACANT FOR APPROXIMATELY 1 MONTH. THE OWNER OF THE BUSINESS AT 1005 EAST JEFFERSON BLVD., MISHAWAKA, IN DESIRES TO EXPAND HIS EXISTING BUSINESS BY USING 1017 EAST JEFFERSON BLVD., MISHAWAKA, IN AS AN ADDITIONAL LOCATION. THIS BUSINESS NEEDS THE APPROVAL OF THE BOOTH IN ORDER TO EXPAND THE BUSINESS, AND THE EXPANSION OF THIS BUSINESS WILL NOT BE POSSIBLE IF A SPRINKLER SYSTEM IS REQUIRED TO BE INSTALLED. AS MENTIONED ABOVE, THE BUILDING IS FIREPROOF, AND FIRE EXTINGUISHERS ARE AVAILABLE FOR USE IN THE EVENT OF A FIRE.			
44 ASSESSED TO A LOCALD LOV		on Comment of the Control of the Con	
10. STATEMENT OF ACCURACY			
I hereby certify under penalty of perjury that the information	contained in this application is accurat		
Signature of applicant or person submitting application	Please print name	Date of signature (month, day, year)	
Max Chillianol	MAX E. HELMAN, D.O	JULY <u>23</u> , 2015	
Signature of design professional (if aρρίκασίε)	Please print name	Date of signature (month, day, year)	
11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement.)			
I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.			
Signature of applicant Ma Chemento	Please print name	Date of signature (month, day, year)	

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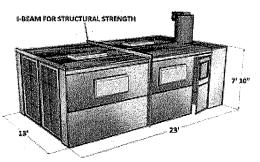
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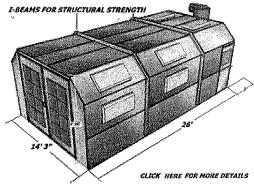
CLICK HERE FOR MORE DETAILS

CROSS FLOW PAINT BOOTH - FLAT TOP PBFT13823 (Shown Above)

YOU CHOOSE THE OPTIMAL PRICING STRUCTURE:

\$5,699 (Includes Shipping & Crate)
-- OR --

\$5,199 (Plus Shipping & Crate)

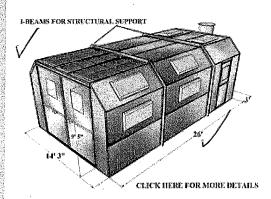


CROSS FLOW PAINT BOOTH - BOX EXHAUST PBCF14929B (Shown Above)

YOU CHOOSE THE OPTIMAL PRICING STRUCTURE:

\$6,799 (**Includes** Shipping & Crate)

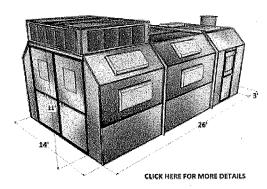
\$6,299 (Plus Shipping & Crate)



SEMI-DOWN PAINT BOOTH - FILTER TOP PBSD14929FT (Shown Above)

YOU CHOOSE THE OPTIMAL PRICING STRUCTURE:

\$6,799 (Includes Shipping & Crate)



SEMI-DOWN PAINT BOOTH - AIR INTAKE BOX PBSD141129B (Shown Above)

YOU CHOOSE THE OPTIMAL PRICING STRUCTURE:

\$7,699 (**Includes** Shipping & Crate) -- OR --

\$7,199(**Plus** Shipping & Crate)